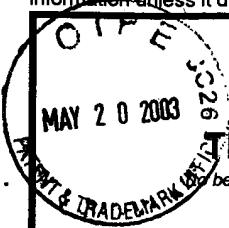


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1753/14
PTO/SB/21 REV 1 (12/97)

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TRANSMITTAL FORM

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RECEIVED
MAY 22 2003
GROUP 1700

Application Number	09/753,433
Filing Date	01/02/2001
First Named Inventor	J. D. Westwood
Examiner Name	Rodney Glenn McDonald
Group Art Unit	1753
Total Number of Pages in This Submission	12 + postcard
Attorney Docket Number	SJO990037US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Checklist and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Request for Drawing Amendment	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO Form 1449 <input type="checkbox"/> (no.) cited references	<input type="checkbox"/> Change of Correspondence Address	<u>POSTCARD</u> <hr/> <hr/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> PTO Form 1533		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Ervin F. Johnston Reg. No. 20,190
Signature	
Date	May 16, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: May 16, 2003

Typed or printed name	Ervin F. Johnston	Date	May 16, 2003
Signature			

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PTO/SB/17 REV 1 (12/97)

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective November 10, 1998.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12
See 37 C.F.R. §§ 1.27 and 1.28

TOTAL AMOUNT OF PAYMENT (\$ 168.00)

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number 09-0442
Deposit Account Name International Business Machines Corp.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
____ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance.
37 CFR 1.311(b)

Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Fee	Fee	Fee	Fee	Fee	Fee	Code (\$)	Code (\$)
101	750	201	375	Utility filing fee	_____		
106	330	206	165	Design filing fee	_____		
107	520	207	260	Plant filing fee	_____		
108	750	208	375	Reissue filing fee	_____		
114	160	214	80	Provisional filing fee	_____		
SUBTOTAL (1) (\$) _____							

2. EXTRA CLAIM FEES

Total Claims	-	20**	=	_____	\times	18	=	_____
Independent Claims	-	5	=	2	\times	84	=	168.00
Multiple Dependent Claims	-	3**	=	2	\times	84	=	168.00

** or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Fee	Fee	Fee	Fee	Fee	Fee	Code (\$)	Code (\$)
103	18	203	9	Claims in excess of 20	_____		
102	84	202	42	Independent claims in excess of 3	_____		
104	280	204	140	Multiple dependent claim	_____		
109	80	209	40	** Reissue independent claims over original patent	_____		
110	18	210	9	** Reissue claims in excess of 20 and over original patent	_____		
SUBTOTAL (2) (\$) 168.00							

SUBMITTED BY

SUBMITTED BY		COMPLETE (if applicable)	
Typed or Printed Name	Ervin F. Johnston	Reg. Number	20,190
Signature		Date	May 16, 2003

*Reduced by Basic Filing Fee Paid